



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 421348606



Scan Code ESHS1810921

This document must be submitted with an ACORD Certificate summarizing the General Liability Insurance coverage for this project.

1 Location Information Required for all applications.

House No(s) 11-08

Street Name 131st Street

Borough Queens

Block 4010

Lot 41

BIN 4097277

CB No. 407

2 Project Specific Insurance Requirement The required insurance is calculated based on information provided by the applicant

Yes No

☐ ☒ 1 or 2 family home?

Height of proposed construction 26 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 2

☒ ☐ Proposed Height < 35'?

Height of tallest adjacent building 25 ft

☐ ☒ Proposed construction on lot line with an existing structure?

Number of stories of tallest adjacent building 2

☐ ☒ Is a Tower Crane to be used?

Permit Type NB/Major Alt

Calculated Project Specific GL Insurance Required 5M

3 Applicant Statement and Signatures Required for all applications.

The information in this application is correct and complete to the best of my knowledge and I assume responsibility for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently made a false statement on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or barred from filing further documents with the Department. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration.

Name Jonathan Marando

Notarization (required if not licensee)
State of New York, County of:

Licensee Seal or Notary Seal

Registration/Tracking Number G606308

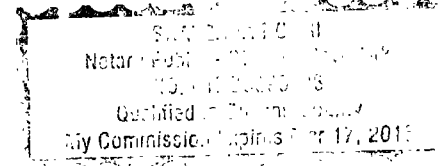
Sworn to or affirmed under penalty of perjury

Signature

27th day of January 2017

Date

Notary Signature



4 Brokers Certification Required for all applications.

The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects. With regard to the commercial general liability insurance (including primary, excess, umbrella, or wrap-up policies) described in the Certificate of Insurance, the undersigned further represents that:

- The total per occurrence limit is \$ 2 million and the total general aggregate limit, which applies per project, is \$ 4 million; and
- The City of New York, together with its officials and employees, is an additional insured with coverage at least as broad as set forth in the most recent edition of ISO Forms CG 2012 or CG 2026.

Name of broker or agent MJ KIM

Notarization (required)
State of New York County of:

Notary Seal

Address of broker or agent 2102 JERICHO TRKE

Suffolk

COMMACK NY 11725

Sworn to or affirmed before me this

Email address of broker or agent MJKIM@AGENCY.COM

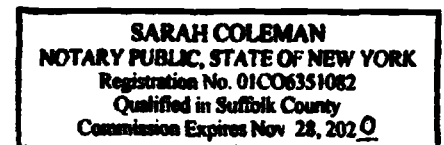
12 day of January 2017

Signature of authorized official, broker or agent

Notary Signature

Name and title of authorized official, broker, or agent MJ KIM, AGENT

Notary Public for the State of NY





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Farm MJ KIM AGENCY INC 2102 JERICHO TURNPIKE COMMACK, NY 11725		CONTACT NAME: MJ KIM PHONE (A/C, No, Ext): 631-543-0400 E-MAIL ADDRESS: MJ@MJKIMAGENCY.COM FAX (A/C, No): 631-543-0433		
INSURED FRANK MARANDO LANDSCAPING INC 11-08 131ST STREET COLLEGE POINT, NY 11356		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : State Farm Fire and Casualty Company		25143
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR	Y		92-B3-T769-1	04/25/2016	04/25/2017	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$						
	GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER						GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			719-1518-D04-32	04/04/2016	04/04/2017	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$ 1,000,000						
	BODILY INJURY (Per accident) \$ 1,000,000						
	PROPERTY DAMAGE (Per accident) \$ 100,000						
							\$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$			92-GN-7033-4	04/25/2016	04/25/2017	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$						
	\$						
	\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐ N / A					PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

FRANK MARANDO LANDSCAPING INC
11-20 131ST STREET
COLLEGE POINT, NY 11356

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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